



Health Scrutiny Panel

26th November 2015

Report title	Update from the Wolverhampton Clinical Commissioning Group in response to the Francis Inquiry	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Well Being	
Wards affected	All	
Accountable director		
Originating service	Wolverhampton Clinical Commissioning Group	
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Report to be/has been considered by	N/A	

Recommendation(s) for action or decision:

The Panel is recommended to note and comment on the work undertaken so far.

1.0 Purpose

1.1 Sir Robert Francis was commissioned in July 2009, to chair a non-statutory inquiry into the happenings at mid Staffordshire. A recommendation was made that there needed to be an investigation into the wider system to consider why issues had not been detected earlier and to ensure that the necessary lessons were learned. The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry made 291 recommendations, grouped into themes. It was recommended that all commissioning, service provision, regulatory and ancillary organisations in healthcare should consider the findings and recommendations and decides how to apply them to their own work. The first update of progress was presented to the Health Overview and Health Scrutiny Panel in September 2013, further updates were requested in January 2015 and this is the third and anticipated to be the final update. It is recommended that future reporting will be by exception or on specific request from Health Scrutiny Panel.

2.0 Action Plan Progress

2.1 Wolverhampton Clinical Commissioning Group can report that significant progress has been made against the recommendations and as per Robert Francis, QC's intention; many of the recommendations have by now been incorporated into established ways of working.

2.1 Included in the CCGs completed actions are:

- Review and update of Quality Strategy
- Development and implementation of a Being Open Policy including the 'duty of candour'
- Review of all materials for complaints, quality matters service
- Regular meetings between commissioner and provider patient experience and engagement teams to facilitate collaborative working
- Implementation of Friends and Family Test in Primary Care
- Lay representative attends PPGs and Locality Team Meetings
- Design and introduction of a trigger and escalation model at Governing Body level
- Establishment of joint care home quality monitoring documentation and process with local authority
- Primary development of quality web page on CCG website
- Extensive design and development of dashboards for quality barometers in the acute, MH, primary and care home sector
- Establishment of quality support visits to primary care
- Established a public facing page; Talk to Us, including: how to complain, becoming a patient partner and you said, we did.

3.0 Key Changes

3.1 The CCG has a role in not only ensuring that we ourselves implement the recommendations but that we actively seek assurance from providers with whom we commission services. A number of recommendations continue to be reliant on action by national bodies and the CCG remains vigilant to new and updated guidance with

appropriate response. A log of all reports is maintained including adding new ones and presented to quarterly CCG Quality and Safety Committee for assurance. Due to this vigilant work I can report on the following improved scrutiny which is changing the patient safety culture for all WCCGs commissioned services.

Report	Update as of October 2015
Francis	<p>Freedom to Speak Up discussed at CQRM agendas with both providers. Confirmations that whistleblowing policies are procedures have been updated. The CCG have undertaken Team Stress Assessments, a Health and Wellbeing Policy is being developed with implementation training for all staff. Audits in place to monitor compliance.</p> <p>Next review April 2016</p>
Winterbourne View (Transforming Care)	<p>Care and Treatment Reviews completed for first cohort and underway now as business as usual including children with learning disabilities. To ensure patients are placed in the most appropriate setting. Reviews are within tolerance level, action tracker in place and packages of care being explored where alternative provision has been deemed appropriate. Monitored at CCG Q&SC assured at NHSE.</p> <p>Next review April 2016</p>
Improving Safety- a promise to learn	<p>All actions applied to the CCG Quality Assurance Framework. The CCGs 2 Year Operational Plan and 5 Year Strategic Plan seek to ensure all reasonable actions are realised in future care provision in collaboration with health and social care colleagues across the city.</p> <p>CLOSED- Quarterly within Q&SC</p>
Morecombe Bay	<p>Provider assurance is sought on an on-going basis via: Monthly governance meetings, duty of candour. Serious Incident and National Reporting data received and considered within divisional governance reports, quality visits, collaboration with public health as partners of maternity services commissioning. Friends and Family Test, safer staffing, supervision, revalidation, medicines safety officer reports. NHSE Quality Surveillance Group is planning a deep dive, on-going assurance from CQC, Monitor, TDA, and NHSE.</p> <p>CLOSED- monthly quality, performance, contract and governance meetings</p>
Sir Bruce Keogh- review of 14 NHS Hospitals	<p>Patient Stories at all Gov. Body meetings, junior doctor concerns captured and addressed via CQRMs, Patient Safety Improvement group, Dr appraisal rates.</p> <p>CCG attend Mortality meetings, quarterly mortality assurance reports, CCG internal mortality group established with membership from PHE, scrutiny of SHMI, HED data. NHSE medical director mortality leads group attended by exec nurse. Primary care mortality to be introduced from Q3 2015/16 planned case note audits. Commissioning intentions and service redesign informed by all above.</p> <p>CLOSED- business as usual in monthly governance reports.</p>

Complaints	Audit of CCG complaints completed in May 2015, incidents, patient feedback and claims with substantial assurance in place to manage and learn from complaints. CLOSED - being aligned to forthcoming policy review.
Cavendish Review	Care certificate launched at national level, both providers have plans in place to deliver this training. Care home sector aware of availability and independent provider employers choosing whether to pursue. Practice Nurse Development in place and RGN Revalidation plan to go live in April 2016. Review April 2016
Hard Truths	Culture and safer staffing monitored monthly, information triangulated with other quality and safety data. CQC new model inspection in June- Improvement Plans in place. Current Review
Lampard/CSE Rotherham & other safeguarding	Safeguarding- CCG and provider DASM role in place, collaborative working with LA for MCA/DoLs Safeguarding issues. All commissioner statutory roles in place, including LAC nurse- External Placement Panel Reviews undertaken Jan-Nov 2015. Child Sex Exploitation (CSE) Coordinator role supported by CCG, CSE victims well supported however more work in place to ensure interviews within 72 hours are being completed as per statutory requirement. PREVENT agenda on all CQRMs. CCG PREVENT Policy in place and PREVENT Board in place. Female Genital Mutilation- statutory data collection commenced 1 st Oct 2015 Recommendations from Lampard for volunteers and celebrity attendance, stronger HR policies for vetting in place. Review November 2015

4.1.2 Summary

In summary, there has been a plethora of reports and recommendations and the CCG have been working with the providers to nurture a culture of change of behaviour which is not only sustainable but becomes the new way of working. There is robust monitoring of all plans and all exceptions are managed via the agreed governance avenues. The CCG continues to work with all providers of NHS services to improve outcomes for all staff and service users.

5.0 Financial implications

5.1 There are no financial implications arising from this report.

6.0 Legal implications

6.1 There are no legal implications arising from this report, the CCG continues to meet its statutory responsibility and seeks assurance from providers of demonstrable evidence to support this.

7.0 Equalities implications

7.1 There are no equalities implications arising from this report.

8.0 Environmental implications

8.1 There are no environmental implications arising from this report.

9.0 Recommendations

- To **NOTE** actions taken
- To **AGREE** recommendation to archive all 'spent' action plans and monitor in business as usual activity
- To **AGREE** frequency of future presentations